



Linda McCulloch, Superintendent  
Office of Public Instruction  
PO Box 202501  
Helena, MT 59620-2501

**School District Claim for  
State Reimbursement for  
Individual and Isolated Transportation**

State ☐  
District ☐  
County ☐

**DUE  
DATES:**

**First Semester**  
**February 1 to County Superintendent**  
**February 15 to State Superintendent**

**Second Semester**  
**May 10 to County Superintendent**  
**May 24 to State Superintendent**

**COMPLETE THIS CLAIM FOR STATE REIMBURSEMENT FOR INDIVIDUAL AND ISOLATED TRANSPORTATION:**

This claim is for the period beginning \_\_\_\_\_, 20\_\_\_\_ and ending \_\_\_\_\_, 20\_\_\_\_.  
month day month day

**CERTIFICATION:**

The information on this form is complete and accurate to the best of my knowledge.

Date			Signature, Chair, Board of Trustees		
County: <b>53 Valley</b>			District: <b>0926 Glasgow K-12 Schools</b>		District Level: <b>High School</b>
District #	Contract #	Shared	Family's Name	Daily Rate	# of Days Transported
1-A	1871	No	Nichols, Bryce & Lorraine	9.00	_____
1-A	1872	No	Chalmers, Jennifer	4.03	_____



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Date			Signature, Chair, Board of Trustees			
County: <b>53 Valley</b>			District: <b>0937 Nashua K-12 Schools</b>		District Level: <b>High School</b>	
District #	Contract #	Shared	Family's Name		Daily Rate	# of Days Transported
13E	1873	No	Tihista, Carla		0.30	_____
13E	1874	No	Barnett, Betty		3.00	_____